

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin



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Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. X, No. 21

June 27, 1931

GUY P. JONES
EDITOR

CONFERENCE ON A PLAN FOR MATERNITY CARE

State Department of Public Health, Bureau of Child Hygiene and

Summer Session, University of California at Los Angeles
July 13th-16th, Inc., 2 to 4 p.m.

Education Bldg. (Rms. 143 and 145), University of California, Los Angeles

GILES S. PORTER, M.D., Director, State Department of Public Health.

ELLEN S. STADTMULLER, M.D., Chief, Bureau of Child Hygiene.

MARY E. DAVIS, Public Health Nurse, Bureau of Child Hygiene.

RUTH W. HAY, Public Health Nurse, Bureau of Child Hygiene.

RICHARD A. BOLT, M.D., Director, Cleveland Child Health Association.

HELEN D. HALVORSEN, P.H.N., Instructor at Summer Session, U. C. L. A.

EDITH S. BRYAN, P.H.N., Ph.D., Director of Public Health Nursing Course, U. C., Berkeley.

EDITH V. MARTINS, P.H.N., Instructor, Los Angeles City Health Department.

ELSIE CRESSMAN, P.H.N., Los Angeles Maternity Service Assn.

Monday, July 13th. Room 145, Education Bldg., U. C. L. A. 2 p.m.

HELEN D. HALVORSEN, P.H.N., Instructor Summer Session, U. C. L. A., Presiding

Introduction of Instructors

Prevention of Maternal Mortality—RICHARD A. BOLT, M.D., Director, Cleveland Child Health Association, Cleveland, Ohio

History, Development and Future Plans for Maternal Care—ELLEN S. STADTMULLER, M.D., Chief, Bureau of Child Hygiene, State Dept. of Public Health, San Francisco

Tuesday, July 14th. Room 145, Education Bldg., U. C. L. A. 2 p.m.

HELEN D. HALVORSEN, P.H.N., Instructor Summer Session, U. C. L. A., Presiding

Organization and Development of a Rural Maternity Nursing Service—MARY E. DAVIS, Public Health Nurse, Bureau of Child Hygiene, State Dept. of Public Health, San Francisco

Discussion

Presentation of exhibits

Wednesday, July 15th. Room 145, Education Bldg., U. C. L. A. 2 p.m.

HELEN D. HALVORSEN, P.H.N., Instructor Summer Session, U. C. L. A., Presiding

Organization and Development of City Maternity Nursing Service—ELSIE CRESSMAN, P.H.N., Los Angeles City Health Dept.

The Student Nurses' Responsibility in a Maternity Nursing Service—EDITH V. MARTINS, P.H.N., Los Angeles City Health Dept.

Thursday, July 16th. Room 145, Education Bldg., U. C. L. A. 2 p.m.

HELEN D. HALVORSEN, P.H.N., Instructor Summer Session, U. C. L. A., Presiding

The Educational Value of Mothers' Classes in a Maternity Nursing Program—RUTH W. HAY, Public Health Nurse, Bureau of Child Hygiene, State Department of Public Health, San Francisco

The Program for Organized Maternal Care in California—MARY E. DAVIS, Public Health Nurse, Bureau of Child Hygiene, State Dept. of Public Health, San Francisco

Closing Session—Dinner at 6.30 p.m. (Place to be announced later)

Dr. RICHARD A. BOLT, Presiding

Dr. LYLE MCNEILE, Professor of Obstetrics, University of Southern California, Los Angeles

Dr. ANNA E. RUDE, Director, Bureau of Maternal and Child Hygiene, Los Angeles County Health Dept., Los Angeles

Dr. GILES S. PORTER, Director, State Department of Public Health

MARY E. DAVIS, Public Health Nurse, Bureau of Child Hygiene, State Dept. of Public Health, San Francisco

Dr. GORDON S. WATKINS, Dean of the Summer Session, U. C. L. A.

Dr. ELLEN S. STADTMULLER, M.D., Chief, Bureau of Child Hygiene, State Dept. of Public Health, San Francisco

EDITH S. BRYAN, P.H.N., Ph.D., Director of Nursing Course, U. C., Berkeley

In instances where we can not persuade the parents to take their children to the family physicians for treatment, financial reasons are usually the biggest stumbling block (frequently among families able to pay) and next is indifference. In either instance the fact remains that the defects should be corrected, for a child entering school with physical or mental defects is not only a big expense to the city and likely to become a public charge, but will become an unhappy failure as an individual.—H. J. Shelley, M. D.

“The greatest opportunity for service of the medical men today is one of prevention.”—McCord.

MINIMUM QUALIFICATIONS FOR PUBLIC HEALTH NURSING

Under the guidance of Dr. Adelaide Brown, who has served as a member of the State Board of Public Health for many years, high standards for public health nurses in California have been maintained. Dr. Brown served as the Chairman of the Board's Committee on Public Health Nursing and the examination of all candidates for certificate as public health nurse came under her direct supervision. During the period October 15, 1921-May 16, 1931, no less than 1236 certificates were issued to public health nurses in California. Of these, 493 were granted under the waiver without examination. The remaining 743 certificates were issued only following examination.

The standards which have been developed under Dr. Brown's supervision are exceptionally high—much higher than are the requirements in most of the states. In view of the stringent regulations in California, nurses may be interested in the minimum qualifications for those appointed to positions in public health nursing, as prepared by the Committee on Education of the National Organization for Public Health Nursing and endorsed by the Public Health Nursing Section of the Committee on Training and Personnel of the Committee on Research and Standards of the American Public Health Association. The following is an outline of these qualifications as presented by the Committee:

MINIMUM QUALIFICATIONS FOR THOSE APPOINTED TO POSITIONS IN PUBLIC HEALTH NURSING

Prepared by The Committee on Education of National Organization for Public Health Nursing

Endorsed by The Public Health Nursing Section, The Committee on Training and Personnel of the Committee on Research and Standards of the American Public Health Association

Introduction.

The following definitions of desirable minimum qualifications for persons appointed to public health nursing positions are offered in the belief that they can be met quite generally by the year 1935. It is obvious that a higher level of requirements has already been reached in certain official and volunteer health organizations, particularly in the field of experience with communicable disease, and for supervisors in the matter of academic degrees. Minimum qualifications will be advanced with the years as the quality of nursing education and practical training is generally improved. Those offered here must be considered as representing a stage in development and progress.

QUALIFICATIONS FOR THOSE APPOINTED TO POSITIONS IN PUBLIC HEALTH NURSING

I For the Nurse on a Staff Providing Well Qualified Nurse Supervision.

Minimum Qualifications for 1935.

- (a) At least high school graduation or its educational equivalent.
- (b) Fundamental nursing education—namely:

Graduation from an accredited school for nurses connected with a general hospital having a daily average of 50 patients or more. Curriculum should include practical experience in caring for men, women, and children, together with theoretical and practical instruction in medical, surgical, obstetrical, and pediatric nursing. Such experience may be secured in one or more hospitals.

It is highly desirable in addition, that preference be given the public health nurse who has had training in communicable diseases, (including tuberculosis and venereal diseases); psychiatric diseases and mental hygiene; and such specialties as diseases of the eye, ear, nose and throat; experience in Out-Patient clinics; and a two months affiliation with some well organized community health agency.

These services may be given in the school, as an affiliation with another school of nursing, or as a post-graduate course.

- (c) State Registration.

For those nurses not meeting the educational and professional requirements of the above outline, occasional exception may be made, if professional training or experience has developed a wisdom and judgment which is valuable in the public health nursing field.

II For the Nurse Working Alone—i.e., Without Qualified Nurse Supervision.

Minimum Qualifications for 1935.

- (a), (b), and (c), as above.
- (d) In addition it is desirable that she have had at least six weeks instruction in public health nursing, preferably in one of the recognized public health nursing courses and one year's experience, under adequate supervision, or two years' experience under adequate supervision, or a public health nursing course endorsed by the N. O. P. H. N.

Occasional exceptions may be made for those not meeting this academic and fundamental nursing standard, but such nurses should have proven their

ability before being appointed for positions where they work alone, and should be expected to meet requirement (d).

It is of primary importance that every public health nurse have suitable personal qualifications.

March, 1931.

PELLAGRA PREVENTED THROUGH BALANCED DIET

The United States Public Health Service states that although pellagra has been known to be more or less prevalent in certain sections of Europe for nearly two hundred years, and in this country for almost a quarter of a century, it is only recently that the nature of its cause has been made clear and practical and effective measures for its treatment and prevention have been established. Pellagra is unlike most preventable diseases with which we have to contend, as infection appears to play no part, whatever, in its causation, and the sanitary and hygienic measures commonly employed against transmissible diseases offer no aid in its control. On the other hand, it has been definitely established by studies conducted by the Public Health Service that pellagra is strictly a dietary disease and that it is caused by an inadequate supply of an essential food element which belongs to the class of accessory food principles known as vitamins.

A deficiency of any one of the vitamins will bring about an impairment of health and, unless soon corrected, will lead to the production of disease. The diseases which are brought about in this manner are known as "vitamin-deficiency diseases," or diseases due to an avitaminosis. The nature of the disease produced depends upon the particular vitamin found wanting in the diet. Thus, scurvy follows the prolonged consumption of a diet in which the antiscorbutic vitamin, or vitamin C, is not supplied in sufficient quantity; rickets is caused by a diet deficient in the antirachitic vitamin, or vitamin D; and pellagra results from a diet which does not furnish a sufficient supply of the antipellagric vitamin, or vitamin G.

It has been abundantly demonstrated that pellagra may be uniformly produced or prevented at will by simply varying the quantity of the foods which carry the antipellagric vitamin. This occurs without regard to the quantity of other foods consumed which, except for the shortage of this particular vitamin, may be in perfect physiological balance. It is, therefore, seen that pellagra, like the other vitamin deficiency diseases, is brought about by the absence of a specific and essential dietary factor and is in no way

dependent upon starvation in the ordinary sense as is frequently assumed.

The various foods and foodstuffs have been found to differ widely in the quantity of the antipellagric vitamin which they supply, and this makes variety in diet of the utmost importance in the treatment and prevention of pellagra. Some foods, such as fresh lean meats, liver, milk, canned salmon and commercial wheat germ, have been found to be so rich in this vitamin that the addition of a reasonable quantity of any one of them will effectively supplement an otherwise pellagra-producing diet; other foods, including eggs, canned haddock, dried peas, soy beans, dried milk, and tomatoes, have been found to possess considerable protective value, but must be consumed in relatively large, and often excessive, quantities when depended upon as the only or principal source of vitamin G; while still others, including corn products, wheat flour, rye flour, oatmeal, salt pork, lard and the commercial lard substitutes, butter, carrots, rutabaga turnips, mature onions, sweet potatoes, molasses, and white rice are such poor sources of this vitamin that they can not be depended upon, regardless of the quantities or combinations consumed.

Fortunately, in most sections of the country the diet is composed of a sufficiently large variety of foods to insure a fairly adequate supply of the pellagra-preventive vitamin at all seasons. Under such conditions pellagra appears only sporadically, if at all, and usually results from dietary idiosyncrasies and eccentricities, or other factors peculiar to the individual.

CLAM AND MUSSEL QUARANTINE MODIFIED

The State Board of Public Health at its meeting held on June 13, 1931, modified the quarantine on mussels and clams by excluding from the quarantine the *mya arenaria*, mud clam, from any source along the coast.

The quarantine applies to the mussels, Washington clams, and horse neck clams gathered along the ocean shore from Monterey County north to the Klamath River in Del Norte County, during the months of June, July, August and September of each year.

Health is the soul that animates all enjoyments of life, which fade and are tasteless, if not dead, without it.—W. Temple.

MORBIDITY*

Diphtheria.

63 cases of diphtheria have been reported, as follows: Fresno County 3, Fresno 6, Kern County 1, Bakersfield 1, Los Angeles County 5, Alhambra 1, Glendale 7, Inglewood 1, Los Angeles 23, Pomona 1, Monterey Park 1, Monterey County 1, Sacramento County 1, San Francisco 10, San Jose 1.

Scarlet Fever.

76 cases of scarlet fever have been reported, as follows: Berkeley 2, Oakland 2, Martinez 1, Fresno County 4, Fresno 1, Los Angeles County 10, Hermosa 2, Long Beach 4, Los Angeles 20, South Gate 4, Bell 1, Madera County 1, Merced County 1, Santa Ana 1, Ontario 1, Hollister 1, San Diego 1, San Francisco 5, San Joaquin County 3, Stockton 2, Santa Barbara 5, San Jose 1, Yreka 1, Yuba County 1, Marysville 1.

Measles.

502 cases of measles have been reported, as follows: Alameda County 1, Alameda 19, Berkeley 28, Hayward 2, Oakland 36, Contra Costa County 1, Martinez 1, Fresno County 3, Fresno 9, Arcata 2, Kern County 3, Kings County 2, Los Angeles County 27, Beverly Hills 1, Compton 4, Glendale 8, Huntington Park 2, Long Beach 7, Los Angeles 48, Pasadena 14, Pomona 1, Santa Monica 5, Whittier 5, Maywood 3, Madera 4, San Rafael 2, Yosemite 2, Salinas 1, Monterey County 15, Soledad 1, Orange County 5, Anaheim 3, Fullerton 2, La Habra 1, Placentia 5, Riverside County 1, Riverside 7, Sacramento 27, San Bernardino County 1, Redlands 1, El Cajon 2, San Diego 58, San Francisco 70, San Joaquin County 2, Lodi 3, Manteca 2, Stockton 5, Plumas County 4, Paso Robles 1, Burlingame 10, Daly City 1, San Mateo 1, Santa Barbara 1, Santa Clara County 6, Mountain View 3, Palo Alto 3, San Jose 5, Santa Clara 2, Santa Cruz 7, Redding 1, Sonoma County 1, Stanislaus County 2, Modesto 1, Sutter County 1.

Smallpox.

12 cases of smallpox have been reported, as follows: Fresno County 2, Humboldt County 1, Hanford 3, Santa Clara 1, Stanislaus County 3, Tehama County 1, Red Bluff 1.

Typhoid Fever.

7 cases of typhoid fever have been reported, as follows: Long Beach 1, Los Angeles 2, Vernon 1, Sacramento 1, San Joaquin County 1, Modesto 1.

Whooping Cough.

165 cases of whooping cough have been reported, as follows: Alameda 1, Albany 1, Berkeley 21, Oakland 12, Pittsburg 1, Los Angeles County 14, Alhambra 2, Burbank 1, Claremont 1, Compton 1, Culver City 1, Glendale 6, Long Beach 1, Los Angeles 16, Santa Monica 9, Madera 1, Marin County 2, San Anselmo 1, Yosemite 1, Riverside 1, Sacramento 2, San Bernardino 7, San Diego 4, San Francisco 14, San Joaquin County 11, Stockton 12, San Luis Obispo County 6, Paso Robles 2, Santa Barbara 2, Santa Clara County 1, Palo Alto 1, San Jose 9.

Meningitis (Epidemic).

3 cases of epidemic meningitis have been reported, as follows: Los Angeles 2, Marin County 1.

Leprosy.

Modesto reported one case of leprosy.

Poliomyelitis.

6 cases of poliomyelitis have been reported, as follows: Kern County 1, Bakersfield 1, Compton 1, Glendale 1, Long Beach 1, Los Angeles 1.

Food Poisoning.

Santa Ana reported four cases of food poisoning.

Septic Sore Throat.

2 cases of septic sore throat have been reported, as follows: Oakland 1, Los Angeles 1.

* From reports received on June 22 and 23 for week ending June 20.

COMMUNICABLE DISEASE REPORTS

Disease	1931				1930			
	Week ending			Reports for week ending June 20 received by June 23	Week ending			Reports for week ending June 21 received by June 24
	May 30	June 6	June 13		May 31	June 7	June 14	
Actinomycosis.....	1	0	1	0	0	0	0	0
Anthrax.....	0	0	0	0	0	0	1	0
Chickenpox.....	395	346	276	165	386	323	274	196
Coccidioidal Granuloma.....	0	0	0	0	0	0	0	1
Diphtheria.....	49	58	72	63	61	60	49	45
Dysentery (Amoebic).....	2	0	1	3	2	1	1	0
Dysentery (Bacillary).....	0	2	4	4	2	2	0	8
Encephalitis (Epidemic).....	3	1	2	0	8	1	1	2
Erysipelas.....	23	17	20	9	9	10	14	10
Food Poisoning.....	1	8	13	4	5	0	8	23
German Measles.....	15	9	5	9	15	19	8	11
Gonococcus Infection.....	123	181	160	119	93	168	119	115
Influenza.....	37	36	32	23	21	21	14	18
Leprosy.....	1	0	0	1	1	0	0	0
Malaria.....	1	1	3	0	1	1	0	0
Measles.....	1,084	958	742	502	2,242	2,030	1,579	1,186
Meningitis (Epidemic).....	1	2	2	3	7	6	5	4
Mumps.....	279	237	157	137	629	585	478	305
Ophthalmia Neonatorum.....	0	0	0	2	1	0	0	0
Paratyphoid Fever.....	1	0	2	1	0	0	5	3
Pellagra.....	3	3	4	0	2	0	5	2
Pneumonia (Lobar).....	19	46	30	24	98	48	48	42
Poliomyelitis.....	3	10	6	6	18	32	46	51
Rabies (Animal).....	27	20	24	19	11	20	21	24
Rocky Mt. Sptd. Fever.....	0	1	0	0	1	1	0	0
Scarlet Fever.....	111	97	117	76	119	122	118	84
Smallpox.....	10	25	17	12	52	48	38	43
Syphilis.....	150	196	150	148	106	270	163	140
Tetanus.....	0	1	3	2	3	3	0	2
Trachoma.....	3	1	0	0	2	4	0	1
Trichinosis.....	0	0	0	0	2	1	0	0
Tuberculosis.....	203	228	271	175	264	224	209	228
Tularemia.....	0	0	0	0	3	2	0	0
Typhoid Fever.....	6	12	20	7	14	13	26	12
Undulant Fever.....	3	1	4	0	1	3	6	2
Whooping Cough.....	313	260	210	165	259	228	221	232
Septic Sore Throat.....	3	1	1	2	0	0	0	0
Totals.....	2,870	2,758	2,349	1,681	4,438	4,246	3,457	2,790

Cases of food poisoning are reported with considerable regularity. During the summer months, particularly, measures to prevent the contamination and spoilage of foodstuffs should be enforced.